

Form No. 3

(1) PLACE OF BIRTH

County of Florence

Township of Partersville

Inc. Town of

City of

(If birth occurs in a hospital or other institution, give name of same instead of street and number.)

CERTIFICATE OF BIRTH

STATE OF SOUTH CAROLINA.

Bureau of Vital Statistics

State Board of Health

File No.—For State Registrar Only

52150

Registration District No. 2002

Registered No. 13

(For use of Local Registrar)

(2) Full Name of Child. Miss Della Green

If child is not yet named, make supplemental report as directed

(3) BOY OR GIRL girl

(4) Twin or Triplet? ✓

(5) Number in order of birth

(6) Are Parents Married? Yes

(7) DATE OF BIRTH March 8 1916
(Name of Month) (Day) (Year)

FATHER.

(8) FULL NAME Houston Green

(9) PRESENT POSTOFFICE OF FATHER Temmonsville

(10) COLOR OR RACE negro

(11) AGE AT LAST BIRTHDAY 36 (Years)

(12) BIRTHPLACE Florence Co.

(13) OCCUPATION Farmer

(20) Number of children born to mother, including present birth 10

MOTHER.

(14) NAME BEFORE MARRIAGE Agnes William

(15) PRESENT POSTOFFICE OF MOTHER Temmonsville

(16) COLOR OR RACE negro

(17) AGE AT LAST BIRTHDAY 37 (Years)

(18) BIRTHPLACE Partersville

(19) OCCUPATION Housewife

(21) Number of children of this mother now living, including present birth 4

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was Born alive at 12 P.M., on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature) Mary J. Green

(24) State whether Physician or Midwife (25) Address of Physician or Midwife

midwife Temmonsville

Given name added from a supplemental report

(26) Witness Josie Haynie

Signature of Witness necessary only when question 23 is signed by mark

(27) Filed 191 (28) Will L. Haynie Local Registrar

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. If a child breathes even once, it must not be reported as stillborn. No report is desired of stillbirths before the fifth month of pregnancy.

STATISTICAL INFORMATION FOR BOUNDING. WITH ENCLOSING FILE—THIS IS A PERMANENT RECORD. N. B.—In case of TWINS OR TRIPLETS use a SEPARATE BLANK for each child, and mark the FIRST-BORN, No. 1, THE OTHER, No. 2, etc., in question 5. McCaw, of Columbia.